

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	+					
2	+					
3	+					
4	+					
5	+					
6	+					
7	+					
8	+					
9	+					
10	+					
11	+					
12	+					
13	+					
14	+					
15	+					
16	+					
17	+					
18	+					
19	+					
20	+					
21	+					
22	+					
23	+					
24	+					
25	+					
26	+					
27	+					
28	+					
29	+					
30	+					
31	+					
32	+					
33	+					
34	+					
35	+					
36	+					
37	+					
38	+					
39	+					
40	+					
41	+					
42	+					
43	+					
44	+					
45	+					
46	+					
47	+					
48	+					
49	+					
50	+					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	186					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	+		+			
52	+		+			
53	+		+			
54	+		+			
55	+		+			
56	+		+			
57	+		+			
58	+		+			
59	+		+			
60	+		+			
61	+		+			
62	+		+			
63	+		+			
64	+		+			
65	+		+			
66	+		+			
67	+		+			
68	+		+			
69	+		+			
70	+		+			
71	+		+			
72	+		+			
73	+		+			
74	+		+			
75	+		+			
76	+		+			
77	+		+			
78	+		+			
79	+		+			
80	+		+			
81	+		+			
82	+		+			
83	+		+			
84	+		+			
85	+		+			
86	+		+			
87	+		+			
88	+		+			
89	+		+			
90	+		+			
91	+		+			
92	+		+			
93	+		+			
94	+		+			
95	+		+			
96	+		+			
97	+		+			
98	+		+			
99	+		+			
100	+		+			
TOTAL IND.	4					
TOTAL DEP.						
TOTAL CLAIMS	272					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS